

SENATE BILL 1926

By Briggs

AN ACT to amend Tennessee Code Annotated, Title 4;
Title 29; Title 53; Title 56; Title 63 and Title 71,
relative to healthcare practitioners.

WHEREAS, primary medical care is the foundation of an effective and efficient healthcare delivery system; and

WHEREAS, the State of Tennessee seeks to continually and effectively impact the healthcare shortages of rural and underserved populations of the State, attempts to prevent further closure of critical access and small community hospitals, and continues to address the opiate addiction crisis of the State; and

WHEREAS, there is a need to strengthen the primary medical care workforce through enhanced doctoral level training for non-physicians who can be a part of a patient care team providing improved access to high quality medical care within this State; and

WHEREAS, upon successful completion of a doctorate in medical science program a graduate will be eligible for a license that will require ongoing collaboration with physicians and demonstration of competency in the practice of medicine as part of the patient care team providing primary medical care services within this State; and

WHEREAS, doctors of medical science function in team based care with physician oversight manifest by licensing under the Board of Medical Examiners, advanced training by physicians in an accredited allopathic or osteopathic medical school, physician sponsorship to enter and complete a new healthcare practitioner training program, and license renewal requirements including documentation of ongoing affiliation or association with physicians as members of the patient care team; and

WHEREAS, students in a doctorate of medical science program receive training in pain management consistent with current recommendations and guidelines, and are committed to seeking consultation with physician pain management specialist, for chronic pain care; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 63-1-109(a), is amended by adding the following appropriately designated subdivision:

() "New healthcare practitioner";

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 32, is amended by adding the following new part:

63-32-201.

This part shall be known and may be cited as the "New Healthcare Practitioner Act."

63-32-202.

As used in this part, unless the context otherwise requires:

(1) "Board" means the board of medical examiners, created by § 63-6-101;

(2) "Collaboration" means a formalized communication and decision-making process among members of a patient care team including communication of data and information about the treatment and care of a patient and development of an appropriate plan of care;

(3) "New healthcare practitioner" means a healthcare practitioner licensed pursuant to this part;

(4) "Patient care team" means a team of primary care providers including one (1) or more licensed physicians for the purposes of providing primary medical care services to patients;

(5) "Physician" means a person lawfully licensed to practice medicine pursuant to chapter 6 of this title or osteopathic medicine pursuant to chapter 9 of this title;

(6) "Physician assistant" has the same meaning as defined in § 63-19-102;

(7) "Primary care" means comprehensive first contact and continuing care for persons with any undiagnosed signs, symptoms, or health concerns in a variety of health care settings using consultation and referrals as appropriate; and

(8) "Primary care sponsoring physician" means a licensed primary care physician who oversees the new healthcare practitioner candidate during the two (2) years of advanced training and skill enhancement as part of the new healthcare practitioner program.

63-32-203.

(a) The board has the duty to:

(1) Promulgate, in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5:

(A) All rules that are reasonably necessary for the performance of the duties of the new healthcare practitioner, including, but not limited to, rules that specify the acts and offenses that subject the license holder to disciplinary action by the board pursuant to subdivision (a)(7);

(B) Rules that detail the range of primary care services that may be offered by a new healthcare practitioner; provided, however, a new healthcare practitioner may perform tasks that are within the new

healthcare practitioner's range of skills and competence and are consistent with the protection of the health and well-being of patients; and

(C) All rules reasonably necessary for the transfer, suspension, and reinstatement of a new healthcare practitioner license;

(2) Set fees, subject to the maximum limitations prescribed by this part, relative to the examination, licensure, and licensure renewal of new healthcare practitioners in an amount sufficient to pay all of the expenses of the board and establish and collect a late renewal fee from those new healthcare practitioners who fail to renew their licenses in a timely manner;

(3) Review and approve or reject the qualifications of each applicant for initial licensure as a new healthcare practitioner;

(4) Biennially review and approve or reject the qualifications of each applicant for biennial licensure renewal. The board shall condition approval for renewal on receipt of evidence satisfactory to the board of the applicant's successful completion, within a two-year period prior to the application for license renewal, all required hours of accredited continuing medical education approved by the board. The board may, in its discretion, waive or modify the continuing medical education requirement in cases of retirement, illness, disability or other undue hardship;

(5) Issue, in the board's name, all approved new healthcare practitioner licenses and renewals;

(6) Collect or receive all fees, fines, and moneys owed pursuant to this part and to pay the same into the general fund of the state. For the purpose of implementing subdivision (a)(2), all fees, fines, and moneys collected pursuant to the regulation of new healthcare practitioners shall be designated as such; and

(7) Deny, suspend, or revoke the license of, or to otherwise discipline by a fine, not to exceed one thousand dollars (\$1000), or by reprimand, a license holder who is guilty of violating any of the provisions of this part or who is guilty of violating the rules of the board promulgated pursuant to subdivision (a)(1). When sanctions are imposed on a license holder pursuant to this subdivision (a)(7), the license holder may, in addition, be required to pay the actual and reasonable costs of the investigation and prosecution of the case, including the costs incurred and assessed for the time of the prosecuting attorney or attorneys, the investigator or investigators and any other persons involved in the investigation, prosecution, and hearing of the case. The board may limit, restrict, or impose one (1) or more conditions on a license at the time it is issued, renewed, or reinstated or as a sanction imposed at the conclusion of a disciplinary hearing.

63-32-204. To qualify applicants for licensure under this part, an applicant must possess a doctorate in medical science from a program that meets the following requirements:

(1) The new healthcare practitioner program must be a minimum of two (2) years of advanced graduate study beyond the physician assistant master's;

(2) The new healthcare practitioner program, or equivalent program is approved by a regional body under the United States department of education;

(3) The new healthcare practitioner program is taught at an accredited allopathic or osteopathic school and the faculty consists of licensed physicians and other doctorate level educators;

(4) The initial application to the new healthcare practitioner program requires that the applicant has maintained a clinical practice for at least three (3) years in this state as a primary care physician assistant or for at least three (3) years in another jurisdiction that at a minimum satisfies the requirements of § 63-19-105; and

(5) The new healthcare practitioner program applicant must demonstrate the ability to continue clinical practice in primary care as part of a patient care team which includes a sponsoring primary care physician throughout the training program.

63-32-205.

(a) No person shall represent to be or function as a new healthcare practitioner under this part unless the person holds a valid new healthcare practitioner license issued by the board. The board shall not license a person as a new healthcare practitioner unless the person demonstrates to the satisfaction of the board that the person:

(1) Is a graduate of a new healthcare practitioner program that meets the requirements set out in § 63-32-204;

(2) Has successfully completed the board-approved examination on the certification of new healthcare practitioners, with reexamination every ten (10) years or as required by the board; and

(3) Is working in a team-based care model and is affiliated or associated with a hospital, or physician practice that provides primary care services.

Nothing prohibits a new healthcare practitioner from consulting or referring with other physicians with medical expertise beyond the expertise of the person seeking licensure as a new healthcare practitioner.

(b) For license renewals, the licensee must provide to the board documentation of effective team-based care such as proof of good standing with a hospital medical staff or letters of recommendation from physician care team members.

(c) The board may require that an applicant for licensure as a new healthcare practitioner appear before the board to answer any questions regarding the applicant's fitness for licensure.

(d) A person licensed under this part as a new healthcare practitioner shall be subject to the provisions of title 63, chapter 6, applicable to the practice of medicine and any rules adopted by the board.

63-32-206.

(a) The board shall provide for renewal of licenses for a person licensed under this part as a new healthcare practitioner in the same manner as provided in § 63-6-210 for medical doctors, with the further requirement that the renewal application include documentary evidence of requirements outlined in § 63-32-205(a)(3).

(b) Every new healthcare practitioner shall biennially pay a licensing renewal fee as set by the board. In order for a license to be renewed, licensees shall also present satisfactory evidence to the board that the licensee in the two (2) years preceding the application for renewal successfully completed all required hours of continuing medical education and met all of the other requirements of this part. The board may, in its discretion, waive or modify the continuing medical education requirements in cases of retirement, illness, disability, or other undue hardship.

(c)

(1) When any new healthcare practitioner fails to renew the person's license and pay the biennial license fee within sixty (60) days after license renewal becomes due as provided in this section, the license of the person shall be automatically revoked at the expiration of the sixty (60) days after the registration was required, without further notice or hearing.

(2) Any person whose license is automatically revoked as provided in subdivision (c)(1) may make application in writing to the board for the reinstatement of such license and, upon good cause being shown, the board, in its discretion, may reinstate such license.

63-32-207.

(a) A new healthcare practitioner shall function only in collaboration with a patient care team.

(b) A new healthcare practitioner may perform those tasks that are within the new healthcare practitioner's range of skills and competence and that are consistent with the protection of the health and well-being of the patients, as determined by the board.

(c) A new healthcare practitioner may render emergency medical service outside the usual scope of practice previously established by the board in cases where immediate diagnosis and treatment are necessary to avoid disability or death.

63-32-208.

Any new healthcare practitioner rendering professional services inconsistent with this part shall be considered to be practicing medicine without a license and shall be subject to appropriate legal action by the board of medical examiners.

63-32-209.

All administrative proceedings for disciplinary action against a license holder under this part shall be conducted by the board in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 3. Tennessee Code Annotated, Section 63-1-102(2), is amended by adding the following as a new subdivision:

() New healthcare practitioner licensed under chapter 32, part 2 of this title;

SECTION 4. Tennessee Code Annotated, Section 63-1-109(a), is amended by adding the following new subdivision:

() "Physician", "medical doctor", or "doctor of osteopathy" for physicians;

SECTION 5. Tennessee Code Annotated, Section 53-10-104(a), is amended by inserting the language "a new healthcare practitioner pursuant to guidelines set by the board of medical examiners;" after the language "certified physician assistant;".

SECTION 6.

(a) The board of medical examiners is authorized to promulgate rules, including emergency rules, to effectuate the purposes of this act. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(b) The board of medical examiners may form an advisory committee made up of representatives from the board and other stakeholders, which may include representatives from a school offering a new healthcare practitioner program, to assist in the rulemaking process.

SECTION 7. For rulemaking purposes, this act shall take effect upon becoming a law. For all other purposes, this act shall take effect July, 1, 2018, the public welfare requiring it, and a new healthcare practitioner license shall be available by the board not later than April 1, 2019.